PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. Department of the Commence of the Co

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/561,795			ing Date 21/2005	To be Mailed
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY											
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A		N/A	1	N/A		ı	N/A	.,,
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A		N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		ı	N/A	
TO'	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			1	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	ts of pape 50 (\$125 ional 50 s S.C. 41(	ngs exceed 100 on size fee due ) for each on thereof. See ' CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If	he difference in col	r "0" in column 2.		TOTAL		ı	TOTAL				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	05/13/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	· 13	Minus	<b></b> 20	= 0	]	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		-	]	x \$ =		OR	x s =	
Σ	Independent (37 CFR 1,16(h))		Minus	***	-	]	x \$ =		OR	x s =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					]			ı		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* 16	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 20, enter "20"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3"  The "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  The "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "4"  "If the "Highest Number Proviously Paid For IN THIS SPACE is less tha											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is it follows the process) an application Confidentiality is operand by 38 US 6.7 22 and 37 CFR 1.4. This recollection is estimated to the 12 minutes to complete, encuding pathency, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 22313-1450.